



West Yorkshire Health and Care Partnership  
Integrated care system monthly update for programme boards

Edition 49

Tuesday, 02 August 2022

## Introduction

This information has been produced to update West Yorkshire CEOs, programme SROs and leads on the development work our Partnership is doing as an Integrated Care System (ICS). It aims to provide a monthly update with key messages following the leadership meetings at the beginning of every month or the Partnership Board. Please feel free to use this as a briefing note at your programme board meetings.

**Please note this information has not been produced for the public. It is intended for internal use only.**

For more information please contact:

[Lauren.phillips16@nhs.net](mailto:Lauren.phillips16@nhs.net)

[Karen.coleman21@nhs.net](mailto:Karen.coleman21@nhs.net)

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## National and West Yorkshire COVID-19 infection rates

On the 28 July, the [UK Health Security Agency \(UKHSA\) published the latest national influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses](#). Surveillance indicators suggest that, at a national level, COVID-19 activity has decreased in several indicators in week twenty-nine of 2022. The main findings include the number of acute respiratory infection incidents (suspected outbreaks) decreased to 416 in week 29, compared to 528 in the previous week. Positivity for laboratory confirmed cases for week 29 was 8.3 per 100,000 population, a slight decrease from 10.3 in the previous week. The hospital admission rate was 16.29 per 100,000 population, in the previous week it was 18.22 per 100,000 population. Hospital admission rates for COVID-19 were highest in the North East, with a rate of 20.19 per 100,000 population. The UKHSA is reminding the public that COVID-19 has not gone away and to remember to keep up good hand and respiratory hygiene.

The number of community infections in England remains high although the number of infections appears to have peaked. In the w/e 20th July the number of COVID-19 infections in the community fell, with 4.8% of the population in England estimated to test positive, or around 1 in 20 people (data published 29 July 2022).

There remain variations in prevalence across the country, however, all regions appear to have passed the peak. In Yorkshire and Humber an estimated 4.6% of the population were estimated to test positive for COVID-19 in the week ending 20 July.



## West Yorkshire COVID-19 current position

Hospitals across West Yorkshire now have a total of 446 patients with COVID-19. This number has reduced by 204 (31%) from a peak of 650 on 19 July. The current total includes 17 patients in mental health beds. The number in HDU/ITU is six. Non-COVID demand remains very high in all sectors (accurate 27 July).

## West Yorkshire Vaccine programme

Spring Boosters have now been completed but the vaccination programme is continuing to make sure anyone who has not yet been vaccinated or completed their full course can access whatever jabs they need. A range of pop-up and walk in clinics continue to be available in all areas and promoted locally and on the NHS [national site finder](#) or people can choose to book an appointment at a centre of their choice using the national booking service. Second doses are also on offer for 5–11-year-olds who had their first jabs earlier this year.

The Joint Committee for Vaccinations & Immunisations has updated its guidance about the next phase of the rollout, with people over 50 now being eligible to receive a top-up jab when these start in the autumn. This will also be offered to those aged 16 and over who are at greater risk from COVID-19, care home residents and frontline health and care workers. Primary care networks and community pharmacies will continue to play a key role in providing the vaccine for their local communities and details of all services will be confirmed shortly.

### West Yorkshire COVID-19 Vaccine Programme (unpublished data)

- Total vaccinations given in WY in the past seven days was **6,546**, with a daily average of 935 vaccinations.
- The number of Boosters delivered **3,173**.
- **3,370** First and second doses given in the past week
- **3**, 3rd dose given to Immunosuppressed (Accurate 29 July).

## Planned care / elective recovery

In West Yorkshire there are 204,254 people on the waiting list for planned care. Of those, 7,839 people have been waiting for more than one year and 131 have been waiting for more than two years (accurate 19 June 2022).

The Partnership's [Planned Care Citizens' Panel Report](#) (2022) reflects the feeling of those waiting for elective care and gives an overview of the prioritisation process and the reason for the delays. It also has information on the support available for patients who are waiting for orthopaedic care, including that our hospital Trusts are looking to develop an orthopaedic app, specifically for patients waiting for a hip or knee replacement. In addition to having online exercises and prehab guidance, patients would be able to use the app to contact occupational therapists, physiotherapists or consultants with any questions or concerns, and even share images.

Some trusts have already developed their own videos for use with the app, including [Shape Up for Surgery](#) created by Leeds Teaching Hospitals NHS Trust.



## Planning / system oversight

### Hospital discharge

Our aim is to develop models of care that support people to be discharged to the right place, at the right time, and with the right support that maximises their independence and leads to the best possible sustainable outcomes and experience. During June we supported places with completion of a maturity matrix and capacity and demand exercise for services relating to the transfer of care into the community.

Additionally, a national 100-day discharge challenge has been launched with a self-assessment submitted based on 10 agreed areas. We have been able to use our maturity matrix assessment to meet the needs of the 100-day challenge and highlight areas of focus to improve patient experience and processes to improve flow through our systems.

Individual place-based plans are in place, and we continue to monitor progress against the plans. These plans will also support the winter planning process.

### Urgent and emergency care (UEC)

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, The Care Quality Commission (CQC) has undertaken a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective, and timely care. Provision of urgent and emergency care in West Yorkshire is supported by multiple provider services, stakeholders, commissioners, and local authorities. The CQC carried out inspections in West Yorkshire from the end of March till early June 2022. As part of the coordinated approach, the CQC inspected services including:

- Local Care Direct Limited
- Locala Community Partnerships C.I.C
- Yorkshire Ambulance Service NHS Trust
- The Mid Yorkshire Hospitals NHS Trust
- South-West Yorkshire Partnership NHS FT
- Leeds and York Partnership NHS FT
- Bradford Teaching Hospitals NHS FT
- Eight GP Practices
- Nine Social Care Providers

Each investigated provider will receive an individual report containing direct feedback, and any primary medical or adult social care service will be rated because of the inspection. A summary report has been produced to provide system-wide findings across urgent and emergency care services within West Yorkshire although this is yet to be published. The system summary will also be included in the provider reports. A system feedback session was held by the CQC on 8<sup>th</sup> July 2022, inviting those who have participated as well as Integrated Care Board/West Yorkshire representation. The CQC will work in partnership with ICB system leaders to co-ordinate a joint press release when most of the individual reports have been published and we are anticipating that many will be published on the same day. Although individual providers will respond to their own findings, a West Yorkshire thematic analysis will take place to identify key themes and identify any actions to take place at system level.



## Virtual wards

National guidance states that '[a virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology](#)'. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need in their own home. This model prevents avoidable admissions into hospital, supports early discharge out of hospital, and can help release hospital bedded capacity for elective recovery. There are two main types of virtual ward:

- Mostly remote – based on technology-enabled remote monitoring and self-management, with minimal face-to-face provision
- Mostly face-to-face ('Hospital at Home') – based on a blended model of technology enablement with face-to-face provision, delivering acute-level interventions at home.

NHS England has made available to integrated care systems two years of additional service development funding, to support the expansion of virtual wards. We have now submitted a detailed virtual ward narrative plan to NHSE/I which involved collating submissions from each of the five places including supporting workforce trajectories and finance submissions. Initial feedback from the regional and national team has been positive, and we have confirmation that the submission has been approved. We are awaiting any further feedback and details on finances related to this.

Across our integrated care system (ICS), all Virtual Wards will have a core focus on admissions avoidance and early supported discharge, initially for frailty and respiratory (with further scoping activity required on how models could be extended to other pathways and conditions). The models are being developed in an integrated way that joins virtual wards together with wider services such as urgent community response and same day emergency care, with shared care and monitoring across acute and community services and teams, development of acute and community multi-disciplinary team models (plus input from social care and the VCSE sector) and expansion in technology and digital care hub type arrangements. All models will operate 8 to 8, 7 days a week, with out-of-hours arrangements.

We are continuing to work with our five places who are developing programme plans and identifying key milestones locally to meet the expected trajectory and benefits submitted. Each of our five places is developing local implementation plans; these plans will provide detail regarding pathway design, clinical risk management, staff and patient/public engagement and co-design, workforce capacity and training / new integrated roles along with technical and digital enablement. There has been a particular focus on virtual ward technology this month: the ICS has been supporting places by providing subject matter expertise from its digital teams and the Academic Health and Science Network in setting up virtual "Show and Tell" sessions with several technology providers. This has enabled places to understand what technology is available and how it works and presented an opportunity to ask questions to facilitate decision making. Conversations have also focused on establishing what technology is already in place and what opportunities there may be to scale up across the patch.

A virtual ward central ICS programme management resource has been enlisted to provide co-ordination of place plans and to help shape an ICS virtual ward network to encourage the sharing of knowledge/skills and best practice across the ICS. This central programme management office resource is currently working with the places to establish an overall ICS level plan which will provide progress updates to the ICB.



## Integrated care systems

The Department of Health and Social Care (DHSC) published four documents related to system transformation on Friday 29 July. The links are below.

- The **guidance for ICPs on the production of the ICS Strategy** is as expected permissive, allowing systems to build on their existing strategies and plans. ICPs (known as our Partnership Board) will want to build on the existing Health and Wellbeing Strategies that exist across their system as they develop their interim Strategy. NHS England has no role in assuring it. <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>
- The **statement of expected ways of working between ICPs and adult social care (ASC) providers** does not place specific national obligations upon ICPs or their members but is an important recognition of the role of sector within the health and care system. <https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships>
- The **draft guidance to Health and Wellbeing Boards** starts a period of DHSC engagement (to end of September) on developing the final guidance. The role in developing place-based partnerships will be a key consideration. <https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>
- The **statement of principles for Health Overview and Scrutiny Committees (HOSC)** is an explanation of their role under the new statutory framework and the continued importance of scrutiny. Further DHSC guidance on changes to the approach to approving service reconfiguration is due later in 2022/23. <https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

The above are intended to be supportive guidance. Colleagues will be working through the documents whilst considering our five-year plan refresh, governance arrangements and organisational development support.

## The Integrated Care Board

### Meetings in public

The first meeting in public of the integrated care board took place on Friday 1 July. [You can read the papers, and watch the meeting live](#) on the new section of our [website](#). The next meeting will take place on Tuesday 20 September and the papers will be on the website the week before.

### Non-executive members

We are delighted to confirm the appointment of the final two of our non-executive members to the [NHS West Yorkshire Integrated Care Board \(ICB\)](#). The successful two candidates [Majid Hussain](#) and [Professor Arunangsu Chatterjee](#) will join [Jane Madeley](#) and [Becky Malby](#) as non-executive members appointed earlier this year, as well as [Haris Sultan](#), in his development through the NHS national NExT director programme, focusing on young people and future generations, working closely with Becky.



### Harnessing the Power of Communities

Following the signing of the West Yorkshire Integrated Care Board (WY ICB) Voluntary Community Social Enterprise Sector (VCSE) Memorandum of Understanding, Harnessing the Power of Communities have worked with Paradigm Media to produce a short video to explain what this means to communities. Watch our 2 minute video [The West Yorkshire ICB and the VCSE sector working together](#) and find out more about what this means for the VCSE and how we plan to work together across health and care to tackle health inequalities and improve the health and well-being of our population in West Yorkshire.

Programme colleagues will be having regular conversations between VCSE sector colleagues and Rob Webster and Cathy Elliot as we move forwards, to keep track of what we are doing and ensure we take forward our written commitments and turn them into actions, building on the exciting work we have already been doing here in West Yorkshire.

### People panel (working title)

One of our new mechanisms for 2022 /2023 will be a People Panel (working title), a core of which will be representative of the population. The five local West Yorkshire Healthwatch organisations have been commissioned to codesign this with local place-based colleagues, people, and communities. Focus will be placed on empowering people with protected characteristics and those that are often under-represented to participate (e.g., from low socio-economic groups, young people) and it is hoped there will be a wider “network of networks” to link to existing groups such as the Bradford Citizen Panel, Cancer Alliance Community Panel, Youth Collective Voice etc. The aim is to capacity build through existing networks. Being sensitive to terminology is important so that people will want to join in and understand that we want to do our best to allocate resources on their behalf whilst seeking their help. Equally important is the role of community leaders and consideration will be given to how best this is achieved through existing local relationships, including local councillors.

### Healthwatch representation

Healthwatch colleagues from across the area will form part of the representation on the following meetings and boards.

- System Oversight and Assurance Group
- Quality Board
- Transformation
- The Board of the ICB
- The Clinical Forum
- Harnessing the Power of Communities
- Integrated Care Partnership (known as our Partnership Board).

### Harmonising commissioning policies across West Yorkshire Health and Care Partnership

Since 2017, the Partnership has worked with local places (Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield) to harmonise commissioning policies. These are the documents that define thresholds and criteria for patient access to healthcare interventions and medicines. This work, which was paused at the start of the pandemic, has been picked up again over the past year with significant progress being made.





When NHS West Yorkshire Integrated Care Board (ICB) became a statutory organisation on 1 July 2022, responsibility for commissioning policies moved from places to the ICB which inherited a position where several policies have still to be harmonised. As one statutory body, we can't have different policies in different places, so the need to harmonise them is greater than before. In line with our commitment to fairness, equality, patient, citizen and clinical involvement and best use of resources for population health outcomes, we aim to complete the policy harmonisation process within the next 12 months. This timescale is subject to the demands on clinical time of elective recovery or further COVID waves for example and the proper involvement and engagement with the public and clinicians will not be compromised to meet this timescale.

The policies will be taken through the ICB governance process in two tranches for review and approval, once the work to harmonise each policy has been completed. An interim position will be required where variations in policy, and in the availability of services at place, remains. A suggested approach is to maintain decision making based on the policy of each place until such time that the policy is harmonised as a single West Yorkshire policy. For clarity and transparency, the local policies need to remain publicly available during this interim period. Places are being asked to decide and agree the best way to achieve this.

The impact of policy harmonisation and implementation at place will be assessed six and twelve months after implementation, considering the impact on activity levels, contribution to elective waiting list growth, finance, and equality. A proposal for how this assessment will be done is being developed.

The West Yorkshire planned care team will continue to lead on this work with support from place quality and equality leads in development and completion of quality and equality impact assessments. Additional capacity around finance, communication and involvement and data analysis will be needed to support this work. Places are being asked to consider how the staffing resource can be met from the existing workforce across West Yorkshire. If you have any questions or thoughts, please email the planned care team at: [wyhcp.plannedcare@nhs.net](mailto:wyhcp.plannedcare@nhs.net)

### System Leadership Executive Session

Leaders used the time differently this month, focusing specifically on our response to system priorities and pressures (including elective recovery and the ambulance service); and how we can work collectively to understand and mitigate against the risks associated with this year's NHS pay award. Presentations on the day introduced the following discussions.

#### Current context

Leaders received an update on COVID-19 infection rates. Please see page one. There was an update on how staff sickness levels are reducing, that flu remains low as expected this time of year. Learning from Australia and New Zealand, shows there has been high sharp and numbers reducing early. We need to be careful how we compare this data.

Long-COVID increases when we have new variant waves and there was a conversation on the time between peaks, vaccination and flu programme plan which is going to Tactical Leadership Group on Wednesday 4 August. There was a discussion around scenario planning for the winter.



### System pressures and next steps in the recovery of elective services

Hospital admissions with people with COVID-19 are reducing. Leaders discussed A&E performance and the slight decline over the past week. There are high levels of bed occupancy across West Yorkshire with length of stay in all hospital trusts remaining a challenge. The target set to clear people waiting for 104 weeks for treatment was met by the end of July. Exceptions include people who have declined their offered date for social reasons or are unfit for surgery for various reasons. At week ending 4 April there were 522 patients waiting compared to 42 people waiting at the end of July. Sir Jim Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust, who is leading on the national programme for elective recovery will be visiting West Yorkshire. Leaders discussed the importance of community discharge and rehabilitation and seeing the system / sector wide approach.

There was an update on the tier one and tier two cancer list assessments and percentage of patients on the tracking list. We currently have the fifth best in the country with Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust are in the top indicators. You can read the recent letter which sets out the cancer position [here](#). Other areas highlighted included the cancer waiting standards and the new 31-day standard. Treatment rates are exceeding that pre-pandemic. Leaders discussed that we have more work to do, whilst being in a relatively good position for elective recovery and cancer at this stage. Thanks to all involved were noted.

Continuity of care across all sectors, and the pressures around mental health, learning disability care were all noted and the challenges for communities and colleagues, as well as the learning from lives and deaths – people with a learning disability and autistic people (LeDeR) report.

### Yorkshire Ambulance Service NHS Trust (YAS) pressures

Leaders received an update on system pressures experienced by YAS. YAS colleagues are working hard to meet demand for our services continues to be challenging across the whole of the NHS. They are seeing unprecedented levels of demand for this time of year which of course is a concern, ahead of autumn and winter. They have seen a significant increase in operational demand and in the number of high acuity patients.

YAS have been seeing this reflected in the demand placed upon services and with staff absence again increasing across all services.

Pressures across the healthcare system have meant that, in recent months, hospital handover delays across Yorkshire and the Humber have been at the highest levels ever experienced.

YAS remain concerned about the significant impact this has on the availability of emergency ambulances and on patient care and they are continuing to work together closely with colleagues at acute trusts and healthcare partners across the region to monitor handover times and address issues as they arise. As a temporary measure to address immediate service pressures, they asked all staff to support patients, suspending training and secondments. The combined effects of demand pressures, staff sickness and hospital handover delays, affect the performance of services for patients and the sustained nature of these issues has a big impact on all staff. This is also about hospital admission avoidance.





There was an update on NHS 111 / integrated urgent care, which has been under sustained pressure for some time. There is an increase in demand, particularly at weekend, compounded by workforce shortages due to recruitment issues and staff sickness. The recruitment process has been modified to fast track and the benefits will show hopefully by October. Offers for mutual aid/support are welcomed to meet peak time demand, clinical help, and patient transport volunteers to name a few. YAS colleagues will share the job descriptions for roles to see where local health and care leaders can help from across their organisations. Leaders from across the area are meeting weekly to implement and prioritise an action plan and as part of the Tactical Leadership Group.

#### Implications of the NHS Pay Award 2022/23

The original allocations had assumed 2% pay award. Systems are funded for additional costs (backdated to 1 April 2022). The estimated additional costs nationally are £2billion. The recommendations for agenda for change have been released. Primary care and junior doctors are out of scope. And a pay deal is being discussed for local authority staff. There are variations across the sector.

There was a conversation around whether ICB running costs will be increased. We await further guidance and clarity regarding aspects of the announced pay award, whilst keeping in view the impact of increased cost of living on our workforce and organisation responses. Local analysis is underway to compare funding available and cost calculation (at ICB and provider level).

If colleagues are in higher bands, they will be a reduced percentage pay award. There are discrepancies for colleagues working around the 8a band. Unions have expressed their views and there is a national collective union next week. Some unions will be balloting staff.

Leaders discussed the reimbursement of travel costs, junior doctor pay, GP practice staff, social care pay awards, uplift needed by hospices. Recruitment and retention of staff potentially will be impacted further. This will be discussed further with the Tactical Leadership Group for the plan.

#### ADASS Spring Budget Survey 2022

Leaders also noted the following report and findings.

- [Full report](#)
- [Key messages](#)
- [Key findings](#)

#### West Yorkshire Association of Acute Trusts (WYAAT)

The West Yorkshire Association of Acute Trusts brings together the six acute trusts from West Yorkshire and Harrogate: Airedale NHS Foundation Trust; Bradford Teaching Hospitals NHS Foundation Trust; Calderdale and Huddersfield NHS Foundation Trust; Harrogate and District NHS Foundation Trust; Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust.

#### Pathology

Above-ground construction work has begun on a new state-of-the-art pathology laboratory to serve patients in Leeds, West Yorkshire, and Harrogate. The facility, at St James's Hospital, Leeds, will support hospitals across the region to improve diagnostics for patients.



### Community Diagnostic Centres

Work has begun on keeping stakeholders informed and involved in the development of local and system Community Diagnostic Centre (CDC) plans. CDCs will improve access and reduce delays for people who need an investigative test. The ambition for these new settings is to separate emergency and urgent diagnostics (delivered within hospital settings) from planned tests by delivering these closer to people's homes in community 'one-stop-shop' settings.

CDCs will be accessible for all to deliver a large range of diagnostic tests, including imaging (such as x-ray, ultrasound, CT, and MRI), pathology (such as phlebotomy) and physiological measurement tests (such as ECGs).

Initial plans following local analysis are underway for CDCs West Yorkshire, but more work is to be done and current proposals may change as the programme evolves. The centres will be driven and designed to meet local place needs.

Business cases are being developed, and the intention is to deliver 'hub-and-spoke' models across our system. The plans are for several larger centres (or hubs) across West Yorkshire, supported by several smaller centres (or spokes) spread across the region supported by capital and revenue investment for at least the next three years.

#### Plans for Calderdale, Kirklees and Wakefield

Two hub centres (one in Huddersfield and one in Wakefield) and five spokes (in Todmorden, Halifax, Dewsbury, Castleford, and Hemsworth).

#### Plans for Leeds

One hub at Seacroft Hospital and two spokes in Beeston Village and Armley. Consideration of a further third spoke will be made later in the programme.

#### Plans for Bradford

One hub at Eccleshill and two further spokes located in Bradford and Keighley, with the intention to locate these within new developments.

### West Yorkshire Vascular Services (WYVaS)

Mr Neeraj Bhasin is moving on from his role as WYVaS Regional Clinical Director to take up the post of Deputy Medical Director at Calderdale and Huddersfield NHS Foundation Trust. WYAAT is undertaking a wider review of their Clinical Leadership Structures but in the interim period, Dr Sal Uka, WYAAT Medical Lead, will support the WYVaS programme.

On Monday 27 June, the WYVaS team held a 'WYVaS Better Together' event at the Horizon in Leeds to bring vascular teams from across the patch together to facilitate key discussions. There were many positive contributions on the day, with Hossam Elgebal, Diagnostic and Interventional Radiology Consultant at Calderdale and Huddersfield NHS Foundation Trust, describing how vascular colleagues work together. He said: "We complete each other instead of competing with each other".

### Elective recovery

The Elective Recovery Programme held a strategy time out event on 20 June, at which the programme's strategy for the next 6-9 months was agreed. The trusts expect to achieve the national 104-week wait target by 31 July deadline.



Current elective performance is ahead of plan for patients with waits of 78 weeks or more and will continue to monitor the data on a weekly basis, supporting all acute providers to ensure no patients are waiting more than 78 weeks for their planned care appointment or surgery by March 2023.

### **Mental Health, Learning Disabilities and Autism Programme (MHLDA)**

The Mental Health, Learning Disabilities and Autism Programme Partnership Board met on 12 July and considered the following.

- Community Mental Health Transformation – the breadth, depth and scale expected of the transformation and risks to delivery.
- Integrated Care Board Strategy – current timescales, developments and how MHLDA is contributing to the refresh.
- [Children & Young People's Keyworker Pilot](#) – Barnardo's describing the pilot service for young people with autism and/or LD who are being supported by keyworkers in the care planning and implementation, including strong representation of young people's needs and wishes.
- [Workforce](#) – Retention within inpatient services building on discussions with Trust improvement teams and colleagues on what more can be done to consider better engagement with staff, creating attractive roles and supporting flexibility in the workplace.
- Adult Mental Health (Secondary Care Pathways) – redefining priorities to consider the range of work underway including developing 111 as a first point of contact for service users and ensuring standardisation across pathways where it makes sense.
- Inequalities in Perinatal Mental Health – reflections on the work undertaken by Born in Bradford and the four areas for action: early help, identification, access, and specific groups.
- Call for Evidence: Working with partners, we have submitted a response to the [Government 'Call for Evidence' into Mental Health and Wellbeing](#) which you can [read here](#).

### **Primary care and community services**

Primary and community care teams in West Yorkshire continue to coordinate support needed to ensure continuity of service provision. This month saw another peak in COVID-19 related workforce absence. The programme is focussing on how best to take forward the recommendations in the National Fuller Stocktake report as priorities are refreshed alongside the overarching West Yorkshire Five Year Strategy.

Our primary care workforce steering group have shared their refreshed strategy and objectives showing alignment to the strategic direction of primary care, the ambitions of the partnership and our [People Plan](#). The three broad objectives remain: recruit, train, retain.

The West Yorkshire primary care design group continues to meet as new ways of working are embedded, with the ICBs assuming the delegated commissioning responsibility for general practice, and plans being made for the safe transfer of community pharmacy, dental and optometry from the 1 April 2023.

Support is on the horizon from The National Association of Primary Care (NAPC) to help primary care networks (PCN) and place with a focus on the development a clinical vision that will inform future estate's need.



This will include exploring wider assets in the community that could be used to deliver primary care. to help primary care networks and place complete estate strategies exploring wider assets in the community that could be used to deliver primary care. The Winter Access Funding (WAF) has concluded with lessons learnt and plans for investment should WAF funding be received again.

The programme has launched the [West Yorkshire sustainable primary care toolkit](#) and colleagues are working with public health experts to communicate the messages.

Finally, [the 2022 National GP Patient Survey results were published in July](#). Work is underway to review these results and incorporate this with the wider access improvement work embedded within the Programme.

## West Yorkshire and Harrogate Cancer Alliance

### Patient story

Each meeting of the Cancer Alliance Board begins with a person affected by cancer sharing their lived experience. Most recently, Richard Seddon, member of the Cancer Alliance community/patient panel, shared his experiences of two separate cancer diagnoses – prostate cancer and more recently, head and neck cancer. He described his care on Bexley Wing at Leeds Teaching Hospitals as ‘a beacon for what the NHS should be’ with a service that is ‘totally patient-led’. Richard said the support of other head and neck cancer patients – including Lay Board Member Paul Vose – had been invaluable. Richard described the huge interest that had followed his Twitter post (@00seddon1965) about being told he was cancer-free – around 40,000 likes and thousands of comments. In turn, he had been contacted by the [Mirror Online](#) and had been happy to share his story to raise awareness of symptoms and the importance of early diagnosis.

### Cancer screening and prevention

The Healthy Communities team work around three key priorities; supporting Primary Care to achieve the Early Cancer Diagnosis DES through the utilisation of PCN Cancer Facilitators, target health inequalities to increase early diagnosis in areas of deprivation and maximise engagement in all three screening programmes using data to drive improvement plans at place. Some of the key pieces of work ongoing are:

- The roll-out of FIT flagging for patients with learning disabilities on patient management systems to ensure they are supported to complete the test
- Screening step-by-step videos including BSL and translated versions to ensure patients with learning disabilities are fully informed of what a screening appointment entails so they can make an informed choice
- Continuing the roll out of behavioural science nudge interventions in North Kirklees; ethically nudging patients to attend cervical screening appointments
- Piloting of education webinars for smear takers alongside a targeted campaign for LGBTIQ+ patients using their experiences in accessing cervical screening.

### Living With and Beyond Cancer

#### Cancer prehabilitation / rehabilitation

Cancer Prehabilitation/ Rehabilitation services are continuing to run or are in development across the region and a local network has been established through the WYHCA Prehab Forum.



Following the success of Active Against Cancer, the community-based programme at HDFT is now adopted by the Trust and open to patients from all cancer sites, sharing lessons they've learnt to all Trusts who are continuing to build on models and start up their own services. More recently, LHTT have confirmed funding from Macmillan to launch their own cancer Prehabilitation pilot, in partnership with Active Leeds, Leeds Beckett University and The University of Leeds. This multi-modal offer will allow patients to take part in a community based physical activity programme, be nutritionally and medically optimised and receive psychological support prior to the start of their treatment.

In other areas such as CHFT, the existing Prehabilitation Project Manager is looking at ways to expand the service and reach further, progressing a business case for additional AHP support roles. There are also other areas of ongoing funding applications and smaller pilots of work being developed which will partner with existing local council leisure centres in each locality to offer patients a personalised exercise programme that is right for them.

#### Personalised stratified follow up

To support the national policy around implementing Personalised Stratified Follow Up (PSFU), supported by a digital Remote Monitoring System (RMS), the WY&H Cancer Alliance commissioned the Clarity Practice to undertake a review of digital strategies. The aim of this review was to understand the current state and readiness of each Trust to either incorporate digital RMS into its own host infrastructure or procure a solution. After engagement with Trusts, patients and external suppliers, a final report has been produced, which provides a summary of the approach, findings and recommendations to inform business planning priorities for 2023. This will be discussed at the WYAAT CIO Forum on Friday 5th August. The Cancer Alliance has allocated some provisional funding to support implementation as part of the overall funding agreements to be expected shortly.

#### Skin Optimal Pathway Group Summit

The Skin OPG met for the first time this month since January 2021, with representation from all Trusts involved in skin pathways. The meeting was co-chaired by Christopher Button (Lead Cancer Nurse, Calderdale, and Huddersfield Foundation Trust) and Ingrid Ablett-Spence (Optimal Pathways Programme Manager, WY&H Cancer Alliance).

The meeting covered an array of topics including a brief overview of the role of the Cancer Alliance in supporting the OPG, skin waiting times data and the Faster Diagnosis Framework, as well as key focus points for the skin pathway as outlined in the Best Practice Timed Pathway and associated reporting requirements. An overview on Teledermatology across West Yorkshire and Harrogate was also covered.

Work from Mid Yorkshire Hospital Trusts on shared referral pathways and dermatology transformation was discussed and all Trusts provided updates around innovation, service development and implementation of NICE guidance.

The meeting was well received and the sharing of best practice across the region was appreciated. There are several actions to progress before the next OPG in January 2023 and the group are looking for a Chair and Vice-Chair with clinical knowledge to lead the group.



## Local Maternity Service (LMS)

The LMS programme board held an 'extra ordinary' meeting on 7 July that was Chaired by Anne-Marie Henshaw, Senior Responsible Officer for the LMS and Director of Midwifery and Women's Health at Mid Yorkshire Hospitals Trust.

The board approved the new style of the quality and safety paper which has been improved to strengthen the assurance provided. It was also agreed that the timings of the LMS board meetings would move to bi-monthly inline and with data coming into the system. The LMS spending plan for 2022/23 was reviewed and approved.

## Improving population health programme

Our Partnership aspires to become the first Partnership of Sanctuary. Using the 'City of Sanctuary' core principles of 'learn' 'embed' and 'share', we want to ensure that our health and care services are safe, welcoming, and accessible and where West Yorkshire is a county where refugees, migrants and asylum seekers can flourish, thrive, and live healthy lives. In this [video](#) you can find out more about our journey and aspirations as we catch up with Partnership and City of Sanctuary colleagues as well as Wan and Ali who share their real-life experiences

The West Yorkshire Violence Reduction Unit and the West Yorkshire Health and Care Partnership are proud to launch the [Trauma Informed Education Settings Insight West Yorkshire Guidance](#) written by Educational Consultant, Lisa Cherry, and Researcher, Ellen Froustis. The study evaluates the early outcomes of The Innovation Project pilot at Outwood Academy Hemsworth. It also examines trauma informed programmes in West Yorkshire schools and educational institutions that have committed to strengthening educational outcomes for vulnerable young people through attachment and trauma-informed methods. The research shows that evidence is building and that trauma informed approaches support better outcomes in exclusions, in attendance and in mental health and wellbeing. It offers a platform for West Yorkshire to really make a difference for all those in education settings

We are updating the [webinars and events section](#) with the presentations and recordings from last month's two-day [Health Inequalities Academy](#) 'one year on' event. The event brought together over 500 partners to explore progress and share learning as well as highlighting the work taking place to improve the lives of the most disadvantaged people living in West Yorkshire. We are currently asking people who attended the event to fill in [our survey](#) and share their thoughts. We will also send a post-event e-booklet to everyone who attended.

At the Health Inequalities Academy event, we showcased an evaluation tool to assess the reach of health inequalities funding into deprived communities in West Yorkshire. Voluntary and community sector colleagues have welcomed the tool which is now available for wider use. See the [population specific resources page on our website](#) to download your copy.

The NHS announced that every NHS trust has a net zero strategy – a Green Plan – in place. That's all 212 trusts. Together, these plans will save more than one million tonnes of carbon over the next three years – that's the same as taking 520,000 cars off the road. Here's the [Green Plan for West Yorkshire Health and Care Partnership](#).





We've received over 100 pledges for our All Hands In campaign. Visit [allhandsin.co.uk](https://allhandsin.co.uk) to make your pledge and find out more about tackling climate change together.

The 2022 series of climate change lunch and learn events is well underway. See the [2022 series of events](#) for more details of what's coming up. For recordings from previous sessions, please keep an eye on our [climate change lunch and learn page](#). Colleagues presented at the Green Plan event on 6 July which showcased the achievements of trusts and Integrated Care Systems in the North East and Yorkshire, to support the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions, and a look ahead to a greener and healthier region.

We are delighted that our ['every sleep a safe sleep' staff resource](#), to help reduce the risk of the sudden and unexpected death of an infant, has been shortlisted in the Nursing Times Awards 2022 under the Public Health Nursing category. The [safe sleep resources](#) are aimed at colleagues who work with pregnant women and families where there are babies aged up to 12 months.

A new campaign to help support women who wish to reduce, or stop, smoking during pregnancy is being developed. As part of the project, we are producing information materials to support a woman's decision and ensure everyone who wants help, knows how to get it. We are carrying out two surveys. One is aimed at [pregnant women](#) and the other for [healthcare professionals](#). We will use the feedback to help make sure our communications support women in their decision to quit smoking. The surveys take around ten minutes or less to complete and will close on 5 August at 5pm. The work is part of the [NHS Long Term Plan for smoking](#).

We held three focus groups aimed at parents and carers of children and young people with asthma. The aim was to get people's thoughts on the content of draft patient information leaflets. The leaflets look at the link between damp, mould, and poor indoor air quality in the home with asthma. Initially, these will be available as an online resource on the new [Healthier Together website](#)

Thank you and good luck to public health registrars [Claire Gilbert](#) and [Richard James](#) who completed their one-year training with the Improving Population Health Programme this week.

## Diabetes

Reed Wellbeing will remain as the Healthier You NHS Diabetes Prevention Programme (NDPP) Provider across West Yorkshire until at least March 2023. This is instead of changing over to a new provider (Ingeus) as planned. As services continue to recover and restore to pre-pandemic levels, we feel that this is the best decision for patients who join the programme and for primary care and other healthcare professionals who make referrals. The NDPP is the first referral option for people who have had a blood test within the last 12 months and have been identified as being at risk of type 2 diabetes.

So far, we've had 87 eligible referrals to the NHS Low Calorie Diet Programme being piloted across West Yorkshire. Although we are making progress, we still need more referrals to meet the offer of 500 places. We are encouraging further uptake through our bulletins and other communications and reminding colleagues how to complete the referral forms to avoid ineligible referrals being made.



There is no limit to the number of patients a practice can refer, and the 500 places will be increased should demand be greater. Everything practices need to make complete referrals is available on the [NHS Low Calorie Diet Programme section of our diabetes communications resource portal](#).

Thousands of people living with diabetes across West Yorkshire are using pioneering new technology available via the NHS to test for chronic kidney disease at home. There's no need to visit a GP practice, thanks to an app which turns an ordinary smartphone camera into a clinical-grade medical device. Read more in our [case study](#)

[The NHS Digital Weight Management Programme](#) has received over 110,000 referrals from general practices to date. To continue making referrals and save time by ensuring more of the patient's information auto-populates, general practices must now use version two of the referral form. IT teams are uploading this version onto practice systems. [You can also download the updated form](#) We supported Diabetes Week in June where the theme was about celebrating the millions of people across the UK taking diabetes in their stride – and everyone supporting them along the way. We joined forces with Calderdale CCG, Diabetes UK and Reed Wellbeing – one of the providers of the NHS Diabetes Prevention Programme, in Halifax on Friday 10 June. During the day, we talked to around 100 people about managing diabetes and reducing the risk of type 2. Many took the opportunity to get measured and weighed and assess their risk of type 2 diabetes using the Diabetes UK [Know Your Risk](#) tool and were signposted to our [animation](#) to find out more about recognising the signs. During the week, colleagues, took part in the first ever [Big Diabetes Week Dog Walk](#) and we also supported digital promotion of the two online structured education offers in place for adults: [My Type 1 Diabetes](#) and [Healthy Living for people with type 2 diabetes](#).

Following agreement with diabetes place leads we will soon be recruiting two diabetes project managers to join the Diabetes Programme.

We've updated the [diabetes communications resource centre](#) with new [NHS Low Calorie Diet Programme](#) info, [revised posters](#) showing the main programmes available to help manage or prevent diabetes, new [NHS Diabetes Prevention Programme leaflets](#) and updated information about [My Type 1 Diabetes and Healthy Living](#)

### **Children and Young People Programme (CYP)**

The children, young people (CYP) and families programme has been busy advancing its priorities for local communities. Through the best start and halting childhood obesity workstream, we saw the launch of the West Yorkshire 'complications from excess weight' service with the first face to face clinic held in June. This service is using innovation to address health inequalities and is helping to reduce stigma. The CYP programme have also been focusing on prevention together with the Improving Population Health Programme (IPHP) and will be supporting healthy weights in CYP by exploring an obesity strategy for West Yorkshire. The family resilience, early help, and adversity, trauma, and resilience workstream in conjunction with IPHP held system leadership trauma informed training and continue to progress the trauma informed foundation level training for the police, primary care and HMP Armley.

The long-term conditions group has agreed to establish an overarching group to explore common themes for CYP with long terms conditions.



Areas of focus may include access to psychology, transition, and equitable access to technology. In June, we had the opportunity to share best practice on CYP asthma at a national Asthma UK conference. Attendees were keen to learn more about our healthcare, affordable warmth, and housing work. The CYP epilepsy group have launched a vCreate comms brief and most NHS Trusts across West Yorkshire are now live with their service. The CYP diabetes group have been mapping the variation in continuous glucose monitoring arrangements across West Yorkshire for CYP which means we have an opportunity to reduce inequity and variation in practice.

The children's healthcare in the community workstream successfully launched the ['Healthier Together' website](#) and people have already started using the site.

Finally, we are relaunching our complex needs and SEND work and have a number of upcoming organisational development sessions to support this work and that of the overall programme.

## Digital

The Digital Programme team have been working closely with the Yorkshire & Humber AHSN to support the spread and uptake of the TytoCare digital health solution. The wireless handheld device allows patients and their families to perform medical examinations anytime, anywhere for the ear, throat, lungs, heart, temperature, skin, and abdomen. These examinations can be online, live with a medical professional or can be recorded by the patient, parent or carer and uploaded to a secure platform for review by clinical teams.

Fieldhead Court care home in Dewsbury, who link with The Paddock surgery, and Mencap who link with Meltham Road Surgery in Huddersfield in early July introduced the TytoCare device to support their residents on a trial basis. The TytoCare device can be used to diagnose a range of acute conditions such as colds, flu, ear infections, bronchitis and sore throats and can also be used to manage chronic conditions such as chronic obstructive pulmonary disease (COPD), high blood pressure, asthma, congestive heart failure and diabetes. The Digital Programme and Yorkshire & Humber AHSN are continuing their work to facilitate the adoption of TytoCare in West Yorkshire and are currently working to ensure another 17 devices are implemented in the region.

## Finance

At the end of June 2022 (Month 2) the reported year to date position was an adverse variance of £5.1m. However, there was an inconsistent approach across trusts in the treatment of Elective Services Recovery Funding, and if all treated the same and assumed receipt, there would have been a £4.2m favourable variance. This is reported against the draft plan overall which was a deficit plan of £73.7m. In Month 3 we will report against the updated break-even plan.

The movement from the draft deficit plan to the break-even plan was primarily due to additional income we received to fund inflationary pressures, as well as other specific ambulance funding.

All organisations are currently forecasting to deliver their plan at Month 2. A number of significant financial risks remain inherent in organisational plans, and these are being monitored throughout the year to understand the potential impact on forecasts, and so any possible mitigations can be identified and implemented where possible.



We are currently forecasting we will fully spend our 2022/23 capital allocation. In 2022/23 there will be additional controls on agency spend. We are currently working through to understand what the implications of this will be.

## Campaigns

### Let's keep West Yorkshire going – phase 4 (from 16 July 2022) - Stay safe in the hot weather

The number of cases of COVID in West Yorkshire is increasing once again, as is the number of people hospitalised with the virus. On 15 July, Public Health England issued a heat-health alert as the Met Office forecast high temperatures up to 23 July. The high number of COVID cases and potential for people needing urgent medical treatment as a result of the extreme heat is adding further pressure onto an already stretched healthcare system. Phase 4 of the 'Let's keep West Yorkshire going' campaign in partnership with the West Yorkshire Resilience Forum focuses on the following key messages, encouraging people to:

- keep up to date with their [COVID vaccinations](#) and have their booster if invited
- continue to wash their hands regularly, open windows and keep away from others if they are unwell
- follow [Together We Can guidance](#) on how to stay safe in the hot weather
- look out for those who may struggle to keep themselves cool and hydrated
- choose the most appropriate service for them if they become unwell
- use the new [Healthier Together website](#) to help keep babies and children safe and well

### Mental Health, Learning Disability and Autism Programme

The Programme is working on the development of campaign and communications resources to support the work of the Community Mental Health Transformation project. A communications working group has been established to ensure that all places are represented in the creative process. A brief has been drafted to help us with the creative execution.

A new campaign is in the early stages of discussion with a view to increasing referral rates to perinatal and maternal mental health services, particularly from groups who have not traditionally accessed these services. This campaign follows up on the awareness campaign that ran last year. Thrive by Design have been briefed to bring a proposal for an extensive co-production and engagement exercise that will inform the development of the creative assets.

A campaign to support the final event in a series of virtual recruitment fairs – took place on 30 June. The campaign included a leaflet drop to 130 000 households in postcodes adjacent to the three mental health trusts and focusing on areas of deprivation in order to raise awareness of the range of opportunities available. The creative message reinforces that these roles do not require high academic achievement, are not age-sensitive and are open to anyone.

### Staff Mental Health and Wellbeing Hub awareness campaign

The Staff Mental Health and Wellbeing Hub is launching a digital campaign using techniques new to the ICS and aimed at NHS Trust staff to raise awareness of the Hub's self-help resources. The objective is to help keep people well before their emotional distress becomes overwhelming and they need to take time away or seek more intensive support.



### Check-in with a mate – suicide prevention campaign

[The campaign launched on 16 May](#). Based on and leveraging the success of the [staff check-in campaign](#) last year, this is a public-facing campaign aimed at men. The campaign highlights that more men than women take their own lives and urges people to check in with male friends, especially those who are displaying known risk factor behaviours. [All resources are open-source and available to download from the campaign web pages](#). We are expecting the campaign evaluation in the next few weeks.

### Climate change: All Hands In

We launched our new climate change campaign on 9 May urging over 100,000 staff and volunteers to be ‘all hands in for a better future.’

We know climate change poses a major threat to everyone’s future. That’s why we’re committing to making fundamental changes to the way we work, through increased investment, mitigation, and culture change throughout our health and care system. The campaign encourages us all to be aware of how individual actions can impact on the climate and how decreasing carbon emissions is good for health.

### Primary care: leaving a gap campaign

Led from patient and primary care insight work to prevent abuse towards primary care colleagues, a new campaign launched in March. The aim is to motivate the public to be kind to staff, so they don’t resign and leave a gap in service delivery – which is no good for anyone. We will evaluate the campaign in August / September. We will be putting it forward communication award applications.

### Every Sleep a Safe Sleep

We launched a range of [new staff guidance and training tools to help reduce the risk of the sudden and unexpected death of an infant \(SUDI\)](#). The resources are aimed at colleagues who work with pregnant women and families where there are babies aged up to 12 months.

The sudden and unexpected death of a baby is one of the most devastating tragedies that can happen to any family. By developing the training package, we hope to equip frontline workers with the skills they need to feel comfortable in having - what might be sensitive and meaningful - conversations about safer sleep practices with parents and carers, particularly those where additional vulnerabilities exist.

The resource package includes:

- [a 55-minute webinar](#)
- [Every Sleep a Safe Sleep - multiagency risk minimisation guidance](#)
- [Safer Sleep Protective Factors Tool for Parent/Carer](#)
- [Sudden Unexpected Death in Infancy \(SUDI\) Risk Minimisation Tool for Professionals](#)
- [Safer Sleep facilitator’s pack](#)
- [Safer Sleep participant’s pack](#)

The resources have been shortlisted for the Nursing Times Awards 2022. For more information see the [safer sleep pages on the website](#).





### [‘Together we can’ Winter communications](#)

In mid-December an area wide ‘Together We Can’ campaign launched across West Yorkshire that will run throughout winter. It helps people to access health and care services at the right time and place. As the NHS deals with the busiest winter in its history. The campaign has an easy to navigate website where people can find help and advice and tips for keeping well this winter, as well as other useful information on how to stay healthy.

The campaign was made visible outdoors with bus shelter promotion and bus street liners across the region. Information is now available in a range of accessible formats including BSL, audio and posters are available here in five different community languages including Arabic, Polish, Punjabi, Romanian and Urdu.

Together We Can is part of the West Yorkshire winter campaign for 2021/22 and aligns other key messages including seven steps, GPs working differently, ‘Looking out for our neighbours’ and affordable warmth. It is currently being evaluated.

Coordinated messages to be used over the bank holiday periods have been produced. These messages are to remind people to plan what they can do to stay well such as ordering repeat medication in good time and where to go for urgent health advice. The Together We Can website and social media graphic have also been updated as the winter season ends and government advice is updated.

In addition to measuring the campaign’s reach we undertook primary field research in the form of surveys and interviews to evaluate the campaign’s impact on behaviour and whether the communications objectives were achieved. The final report [Together We Can - winter evaluation for 2021/22](#) is available to view now.

### [NHS Long Term Plan -Targeted Smoking Cessation Communications Campaign](#)

Following a tender process, we selected our chosen provider to design and deliver an evidence-based, specialised behaviour change campaign aimed at pregnant young women across West Yorkshire that:

- raises awareness of the risks of smoking during pregnancy
- Encourages young pregnant women to stop smoking
- increases awareness and referrals to local smoking cessation services.

We’ve set up a project group to oversee the campaign who will review creatives and sign off at each stage. The next steps are to seek views to make sure we capture the experiences of both pregnant women and healthcare professionals in designing information. This work supports our work to meet the requirements of the [NHS Long Term Plan for smoking](#)

### [Emergency Departments across West Yorkshire: Insight into 20–29-year olds’ attendance – final report](#)

Healthwatch Leeds were commissioned to produce an insight report into the behaviours of young adults (aged circa 20-29) who attended Emergency Departments (ED) for non-emergency needs. The final report [Emergency Departments across West Yorkshire: Insight into 20-29 year olds’ attendance](#) is available to view now. This insight is valuable as it gives us an understanding of the public’s current attitudes and perception of access to NHS services.





It can help us to do something different as demand for healthcare services and appointments continue to surge as we emerge from the height of the pandemic.

This engagement was undertaken during winter 2021 whilst hospitals and clinical areas were still only allowing essential staff / visitors onto premises and colleagues who could were working from home. Therefore, no face-to-face engagement was possible and moved to an online survey.

#### West Yorkshire asthma friendly schools – new webpage

West Yorkshire asthma friendly schools' initiative aims to improve the care of pupils with asthma by raising awareness regarding this common long-term medical condition and providing information, training and support for pupils, parents/carers, and school staff. A new webpage has been requested to help promote the initiative by the Children, Young People and Families Programme and Dr Katherine Hickman, a Bradford GP, and Respiratory Lead for the Partnership. The new [asthma friendly schools webpage](http://www.wypartnership.co.uk/asthmafriendlyschools) is now available at [www.wypartnership.co.uk/asthmafriendlyschools](http://www.wypartnership.co.uk/asthmafriendlyschools)

#### Sustainable primary care – launch of new toolkit

The primary care sustainability network has recently developed a sustainable primary care toolkit. They are currently sharing this via internal networks and plan to launch externally very soon.

**ENDS**

